

अण्डमान तथा



निकोबार राजपत्र

Andaman And

Nicobar Gazette

असाधारण

EXTRAORDINARY

प्राधिकार से प्रकाशित

Published by Authority

सं. 74, पोर्ट ब्लैयर, मंगलवार, 3 जून, 2008

NO. 74, PORT BLAIR, TUESDAY, JUNE 3, 2008

अण्डमान तथा निकोबार प्रशासन

ANDAMAN AND NICOBAR ADMINISTRATION

सचिवालय

SECRETARIAT

NOTIFICATION

Port Blair, dated the 3rd June, 2008

No. 70/2008/F.No.34-13/2007-MPH.—In exercise of the powers conferred under Section 30 (1) of the Registration of Births and Deaths Act, 1969 read with Govt. of India, Ministry of Home Affairs letter No. 6/3/2003-VS (CRS) dated 6th October 2006, the Lt. Governor, A & N Islands hereby substitute the format (Form No. 1 & 2) prescribed under Section 8 of the Registration of Births and Deaths Rule 1999, with immediate effect as annexed with this notification.

By order and in the name of the Lt. Governor,
Andaman & Nicobar Islands

Sd/-
Assistant Secretary (Health)
Andaman & Nicobar Administration

FORM No. 1**BIRTH REPORT**
Legal Information

<u>To be filled by the information</u>	
1. Date of Birth :	(Enter the exact day, month & year the child was born e.g. 01.01.2008)
2. Sex :	(Enter 'Male' or 'Female' do not use abbreviation)
3. Name of the child, if any :	(if not named, leave blank)
4. Name of the Father :	(Full name as usually written)
5. Name of the Mother :	(Full name as usually written)
6. Place of birth : (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place.	
1. Hospital/ Name :	Institution
2. House Address :	
7. Permanent address of parents :	
8. Address of parents at the time of birth of child :	
9. Informant's Name :	
Address :	
(After completing all columns 1-22, informant will put date and signature here:)	
Date	Signature or left thumb mark of the informant

BIRTH REPORT
Statistical Information

<u>To be filled by the information</u>		
10. Town or Village of Residence of the mother : (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.		
e) Name of Town/village :		
f) Is it a town or village : (Tick the appropriate entry below)		
2. Town	2. Village	
g) Name of District :		
h) Name of State :		
11. Religion of the Family : (Tick the appropriate entry below)		
2. Hindu	2. Muslim	3.Christian
4. Any other religion : (write the name of the religion)	
12. Father's level of education :		(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
13. Mother's level of education :		(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
14. Father's Occupation :		(If no occupation write 'Nil')
15. Mother's Occupation :		(If no occupation write 'Nil')
(Columns to be filled are over. Now put signature at left)		

each child and write "Twin Birth" or "Triple Birth" etc as the case may be in the remarks column in the box below left.

FORM No.1**BIRTH REPORT FORM**
(See Rule 5)

<u>To be filled by the Registrar</u>		<u>Code No.....</u>		<u>Registration No.....</u>	
Registration No.....	Registration Date:	Name :		Registration Date.....	
Registration Unit :		District :		Date of Birth :	
Town/Village :	District:	Tehsil :		Sex : 1. Male	2. Female
Remarks : (if any)		Town/Village :		Place of Birth : 1. Hospital/Institution.	2. House
Name and Signature of the Registrar		Name and signature of the Registrar			

FORM No. 2
DEATH REPORT
Legal Information

DEATH REPORT
Statistical Information
FORM No.2

<u>To be filled by the information</u>		<u>To be filled by the information</u>	<u>To be filled by the information</u>
1. Date of Death : (Enter the exact day.....month & year the child was born e.g. 01.01.2008)		9. Town or Village of Residence of the deceased : (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.	13. Was the cause of death medically certified? : (Tick the appropriate entry below)
2. Name of the Deceased : (Full name as usually written) (a) Father's/Husband's Name : (b) Mother's Name :		a) Name of Town/ village: b) Is it a town or village : (Tick the appropriate entry below) 1. Town 2. Village c) Name of District: d) Name of State :	1. Yes 2. No.
3. Sex of the deceased : (Enter 'Male' or 'Female' do not use abbreviation)		10. Religion: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3.Christian 4. Any other religion : (write the name of the religion)	14. Name of Decease of Actual Cause of Death: (For all deaths irrespective of whether medically certified or not).
4. Age of deceased : (If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)		11. Occupation of the deceased: (If no occupation write 'Nil')	15. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below)
5. Place of death : (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place, give location). 1. Hospital/ Name : Institution 2. House Address : 3. Other Place : 6. Address of the deceased at the time of death :		12. Type of medical attention received before death : (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No medical attention	1. Yes 2. No
7. Permanent address of deceased :			16. If used to habitually smoke - for how many years? :
8. Informant's Name : Address : (After completing all columns 1-19, informant will put date and signature here:)			17. If used to habitually chew tobacco in any form for how many years? :
Date	Signature or left thumb mark of the informant		18. If used to habitually chew arecanut in any form (including pan masala) for how many years? :
			19. If used to habitually drink alcohol For how many years? :
(Columns to be filled are over. Now put signature at left)			

<u>To be filled by the Registrar</u>		<u>Code No.....</u>	<u>Registration No..... Registration date</u>
Registration No.....	Registration Date:	Name :	Registration No..... Registration date
Registration Unit :	District :	District :	Date of Birth : Sex : 1. Male 2. Female
Town/Village :	District:	Tehsil :	Age: Years/months/days/hours
Remarks : (if any)		Town/Village :	Place of Birth : 1. Hospital/Institution. 2. House
Name and Signature of the Registrar		Name and signature of the Registrar	

